

# Hallmark Care Homes (Gaywood) Limited

## Amberley Hall Care Home

### Inspection report

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### Ratings

Overall rating for this service	Requires improvement	
Is the service safe?	Requires improvement	
Is the service effective?	Requires improvement	
Is the service caring?	Good	
Is the service responsive?	Requires improvement	
Is the service well-led?	Requires improvement	

### Overall summary

This inspection took place on 18 March 2015 and was unannounced.

Amberley Hall Care Home is a nursing home that provides accommodation, nursing care and support for up to 106 people some of whom may live with dementia or a physical disability.

There was a newly appointed manager in post who was in the process of applying to become the registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered

persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Staff treated people with respect and used a gentle approach when providing any care or support. People living at the home felt the staff were approachable and that they could speak with them if they had any concerns or worries. However, call-bells were not always answered

# Summary of findings

promptly and there were times when sudden staff absence was not covered. People did not always receive individualised care at the times that they needed it due to the staffing situation in the home.

Staff knew how to make sure that people were safe and protected from abuse. They had been trained and had the skills and knowledge that was needed to provide support to people. They felt supported by the senior and management teams working in the home but they had not received regular supervision or an appraisal.

Improvements were needed to ensure that everybody living in the home had access to sufficient drinks throughout the course of the day.

People had access to healthcare professionals when they became unwell or required specialist support for a medical condition. Their independence was encouraged.

Staff felt they worked together as a team and supported each other. Concerns and complaints had been quickly

dealt with and resolved to the complainants satisfaction. People felt that they had plenty of opportunities to voice their opinion about the quality of the service that was provided.

Regular checks were made on the premises to make sure the home was suitable for people. Medicines were managed well.

CQC monitors the operation of the Deprivation of Liberty Safeguards which applies to all care services. Staff received relevant training and had a good understanding of how to ensure that people were supported to make their own decisions.

The new management team had identified areas in need of improvement and started to take action to address these. Further action was need to ensure that people received the care they needed in a consistent way.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not consistently safe.

People felt safe living at the service.

The staffing situation meant that there were occasions when people had to wait a long time for assistance after using their call bell.

People received their medication at the correct time and it was administered, recorded and stored safely.

Requires improvement



### Is the service effective?

The service was not always effective.

Staff were trained and knew how to provide care and support for the people in their care. However, they had not received regular supervision and appraisal.

People were encouraged and assisted to give their consent to the care they received.

People received support at mealtimes but improvements were needed with regard to ensuring people all received adequate drinks.

A health professional was asked to visit people, when needed.

Requires improvement



### Is the service caring?

The service was caring.

Staff treated people with kindness and made them feel cared about.

People had the decisions they made respected by staff.

People's dignity and privacy were respected and their relatives and friends could visit them at any time.

Good



### Is the service responsive?

The service was not consistently responsive.

Due to the staffing situation people did not always receive individualised care at the time that they needed it.

People's preferences, wishes and interests were known, promoted and respected by staff.

People knew how to complain and their concerns and complaints were encouraged and responded to in a timely way.

Requires improvement



### Is the service well-led?

The service was not consistently well led.

Requires improvement



# Summary of findings

The new management team had begun to identify areas requiring improvement, however further improvements were needed.

Staff felt supported by the senior and new management teams.

The quality of the service was regularly monitored and audits were completed on all aspects of the service provided.

# Amberley Hall Care Home

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 18 March 2015 and was unannounced. The inspection team consisted of three inspectors.

Prior to our inspection we reviewed information we held about the service. This included information we had received and any statutory notifications that had been sent to us. A notification is information about important events which the service is required to send us by law.

During this inspection we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

On the day we visited, we spoke with thirteen people living at Amberley Hall, eleven visitors and thirteen members of staff. We also spoke with the providers representative, the hospitality services manager and the acting regional manager. We observed how care and support was provided to people.

We also looked at nine people's care plans, five recruitment files, staff training records, records relating to the maintenance of the premises and equipment, medication and other healthcare records such as fluid and nutrition. We reviewed records relating to how the service monitored staffing levels and the quality of the service.

# Is the service safe?

## Our findings

People told us that their requests for assistance were responded to by staff. They said that most times they only had to wait for five to six minutes but at other times, when staff were busy or they were short of staff they could wait for over 10 to 15 minutes. One person said, "There does not always seem to be enough staff working. You can press the call-bell but sometimes you still have to wait. It is not their [staff] fault they are so busy." Relatives and visitors told us that staffing levels had recently improved and that there were enough staff working at the home.

We noted that when call-bells rang that they could be heard everywhere in the home and not just in the area where the person was requesting assistance. This meant that the sound of a call-bell ringing was constantly heard throughout the service. We found that people were potentially put at risk at times because call-bells were not always answered in a timely manner.

Staff told us that they checked the call-bell indicator board to establish if they needed to answer it and that if all of the staff in the unit were busy the call-bell could ring for 10 minutes or more. This was observed during our inspection. We discussed this with the new management team. They explained that they were currently monitoring call-bell response times to establish when and why they rang for longer than expected and the need for a change in staffing levels. They confirmed that they would take action to ensure that the call-bells in each area of the service only rang in that area.

Staff told us that when the staff team were all present on a shift that they were able to meet the care and support needs of each person. However, they also said that whilst most staff absence was covered by someone from the existing team of staff, bank staff or an agency worker there were times when they had to work with less staff than rostered. The management team told us that the staffing levels were currently being reviewed and changes in staffing levels would be decided after the dependency of each person had been assessed and calculated. This was confirmed in the staffing roster we viewed.

People told us that the staff were kind and used a positive attitude, when working at the service, that created a relaxed atmosphere that made them feel safe. They said that the staff made sure that they received the care and

attention they required. One person said, "I feel safe here and know that staff are around to help me if I get into difficulties." Relatives spoke warmly about how patient and respectful the staff were towards their relative. They said that they trusted the staff to safely care for their relative and promote their well-being at all times.

People had any risks to their safety identified, assessed and discussed with them. Plans had been put in place so that the risks associated with their health, accidents and incidents were minimised. Detailed risk assessments had been completed and were in the process of being reviewed for such things as people's mobility and use of bed rails. People had their health conditions, such as, the risk of them developing a pressure ulcer regularly monitored. Where a person had chosen to take an informed risk, for example of walking unaided, a care plan that informed staff of the action they could take to reduce the risk of the person falling had been completed. Such as, reminding them to use their frame. This action was observed during our visit and confirmed that the staff knew how to keep people safe, in the least restrictive way.

A robust recruitment process was in place that was complete and reduced the risk of people being cared for by unsuitable staff. Staff confirmed that they had completed an application form and attended an interview before they had begun to work in the home. They told us that their references and a criminal records check had also been received by the manager, to confirm that they were of good character and suitable to work at the service. These actions were confirmed in the staff files and recruitment records we viewed.

Staff knew how to recognise and safeguard people from abuse. They had completed training in how to safeguard people and knew what abuse was, the action to take to protect people from being abused and who to tell if they suspected or witnessed abuse.

Staff said they had also completed training in fire safety and had regularly practiced a fire-drill that included the action they should take in an emergency situation. This was confirmed in the fire safety records we viewed.

We saw that staff knew how to safely administer medication. People said that when they needed their medication it had been available for the staff to give to them. One person told us, "The staff give me my medication now because I kept forgetting to take it." Staff

## Is the service safe?

had completed training in the administration of medication. Their competency to safely and correctly assist people with their medication had been regularly assessed and checks had been carried out to ensure the staff were following the medication procedures and guidance.

Accurate and complete medication administration records showed that people had been given their medicines at the

correct time and as prescribed by their doctor. Medication was stored securely and access to medication was restricted to designated staff only. Daily temperature checks of the room and fridge used to store medication in had been carried out and showed that they were within safe limits for the safe storage of medication. This was confirmed in the records we reviewed

# Is the service effective?

## Our findings

People told us they were supported to maintain good health. One person said, “If I need to see the dietician about my soft diet they [staff] soon arrange it for me.” Another person explained, “I was having trouble hearing and the staff made sure my ears were cleaned out. Now I can hear a pin drop.” Visitors confirmed that a doctor or district nurse had been asked to visit their relative when necessary and that the staff or manager had contacted them to update them on the health of their family member. These actions were seen detailed in the care records we saw.

People were cared for by staff who had completed appropriate training that enabled them to develop the skills and knowledge they needed to carry out their role. The management team explained that to enable new care staff to do their job effectively, they completed the Skills for Care Common Induction Standards training. Staff told us that as part of their induction training they had also shadowed a senior staff member until they were competent to work alone. They said that they were provided with opportunities to update their training and to complete further training, such as the health and social care diploma in care. This was confirmed in the training plan we viewed.

Staff had not had regular one to one supervision sessions and team meetings had not been regularly held. A plan was in place that showed that staff would be supported through regular supervision and team meetings and a yearly appraisal. Despite this the staff told us that the new management team were approachable and used an ‘open door’ policy that enabled problems and concerns about the way care was provided to people to be discussed and resolved, when they occurred. This was confirmed in the daily handover records we saw.

People confirmed that they were asked by staff to give their consent before any care was carried out. Their capacity to make decisions about their own care and support had been assessed by staff. Training in the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) had not been undertaken by most staff but had been completed by senior staff and the management team. This had assisted them to understand what to do when a person lacked the

capacity to make a decision themselves about their care or their freedom was at risk of being restricted. A plan was in place for other staff to complete the training and policies and procedures were in place. The management team told us that applications were currently being sent to a local authority Supervisory Body, for authorisation for the service to be able to deprive people of their liberty, in their best interest.

The lunch meal was seen to be a relaxed time where people were offered a choice of balanced meals from the menu or an alternative of their choice. People told us that they were provided with sufficient amounts of food and some drinks throughout the day. One person said, “We get good food here and I get enough for two people.” Another person told us, “The staff know the foods I like and those I do not like and they only give me the food I like.” Relatives told us that people were offered plenty of food and drink and that special diets, such as a diabetic or soft diets, were provided if required.

Enough staff were provided to ensure that people who required assistance to eat and drink were supported. People were served their meal quickly and when possible were encouraged to be as independent as possible. Staff members talked to people about their meal choice and checked with them that they were enjoying their food. We saw that the food and drink needs, preferences and likes and dislikes of each person were recorded in the kitchen. The management team told us that this information was used to decide the meals that would be put onto the menu.

People at risk of not eating or drinking enough had their fluid and nutritional intake monitored. However, there were gaps in some of the fluid records and people living in the dementia units upstairs were not provided with a drink between their meals. One staff member told us that only people who asked for a drink were provided with one. This was confirmed by our observations when we saw a staff member give a cup of tea to one person who had become anxious when sitting in the communal lounge. However, we noted that no-one else sitting in the communal lounge was asked if they would like a drink. We discussed this with the new management team and they took immediate action, during our inspection visit, to ensure that people were provided with drinks between meals.

# Is the service caring?

## Our findings

People told us that their choices were respected and they were happy living at the home. They said that the staff were caring, listened to them and respected their opinions and decisions if they declined their help. One person stated, "I like these people [staff] they love me." Another person said, "I love it here, they look after me very, very good." A relative told us that the staff knew the people living at the home really well and could not do enough for them. They said that they used a positive approach towards people and spoke to them in a way that was thoughtful and respectful.

Staff also told us that they used a relaxed approach when working with people. They said that they got to know the way people liked to be cared for by talking to them and by checking with them that they were being cared for as they wished. They told us that most people soon made it clear to them if they did not wish an action to be carried out. They told us that they respected this wish and came back to the person at a later time. People living at the home, visitors and our observations confirmed that staff carried out these actions.

People who were able to make decisions about their care were currently being involved in planning and reviewing their care. The staff told us that this was to make sure that each person's care and support needs were accurately

recorded and their views of how they wished to be cared for were known. They said that if a person lacked the ability to make their own decisions that their relative or an advocate would be asked to speak on their behalf. The management team confirmed that each person who needed support to make a decision had a relative who had been asked for their opinion of the care and support their family member may have chosen. We saw that this information was available to staff in the care plans we saw that had been reviewed.

We saw that staff supported people to do as much for themselves as they possibly could, such as use adapted cutlery and drinking cups to enable them to eat and drink without assistance. Staff told us that they respected people's privacy and dignity by knocking on their bedroom or bathroom door before entering and by discreetly discussing personal issues with them in the communal areas of the home. They said that they took their time when explaining to people the action they wished to undertake, such as moving them from a chair to a wheelchair, so that they had time to consider if they wished to agree to the action. People spoken with confirmed this action. One person said, "They [staff] explain every thing to me and I am as happy as I could be, not being in my own home." Another person told us, "The girls are lovely and make me feel like they care about me."

# Is the service responsive?

## Our findings

The majority of people told us that they had their care and support delivered by staff in the way they needed and that daily activities were provided during the week. One person said, "I have seen my care plan and talked to the staff about how I like to be cared for. We are going to try getting me ready for bed early so that they do not disturb me when I sit in my bedroom and watch my television programmes."

Another person told us, "We have plenty to occupy us with if we want to join in such as craft, the knitting club and cooking." However, people also told us that, on occasions, they had to wait a long time for their call bells to be answered.

Relatives told us that they had been asked to give their view of the care and support their relative had received, as part of the home's reviewing procedure. They said that they had no concerns or complaints and that their relative received the care they needed. One of the relatives we spoke with confirmed that there had been recently been times when the call bells had not been responded to in a timely way but that this was now improving.

Our observations in the communal lounges in the morning and afternoon demonstrated that the 10 people sitting in the communal lounges were left on their own with no staff present for over 15 of our 30 minute observations. We saw in the morning that a person sitting in the communal lounge was constantly calling out and that this upset two other people sitting with the person. An argument took place between the three people that could have been prevented or calmed sooner if a staff member had been present.

In the afternoon, we saw that two people had become anxious when their calls for help were not responded to and one person stood up and tried to walk resulting in them falling. We discussed our observations with the management team who said that they were in the process of reviewing the staffing levels.

They also explained that they were in the process of providing three staff to carry out activities with people and

that additional activities for people living with dementia would be provided. Relatives said that their family member was able to choose if they took part in the activities on offer and could decline and watch television, if that was their wish. Our observations confirmed this.

Staff told us that they offered people the care, support and attention they required. They knew the care and support needs of each person and the choices they had made about how they liked their care to be carried out. They said that the information they were given at each daily shift handover provided them with the information they needed about each person. They confirmed that care plans were all being reviewed to ensure they held correct and up to date information.

People were having their care and support reassessed and reviewed. Each person living at the home had a personalised plan of care that recorded their assessed needs, likes, dislikes, preferences and interests. Care, support and risk assessments had been completed to ensure the staff knew the exact way to provide a person's care. Health professionals and speech and language specialists had been asked to visit people, when necessary, and they had also carried out assessments and provided guidance that instructed staff in the way to care for the person. Staff told us that the plans of care were now being reviewed each month, to ensure that people continued to receive their care and support, in the way they wished. This was confirmed in the reviewed care plans we saw.

People were assisted to make a complaint or raise their concerns. Information and a policy and procedure were in place that detailed the action people could take if they wished to complain. People told us that they had felt listened to when they had raised their concerns. One person living at the home said, "The staff are quick to act if I tell them something is a problem or not right. When I told them that I had lost something they helped me find it." Relatives told us that they could speak with the management team and staff at any time. They said that their concerns were taken seriously and quickly resolved to their satisfaction.

# Is the service well-led?

## Our findings

There is not currently a registered manager at Amberley Hall Care Home and the provider has employed a replacement manager. The management team told us that the new manager was taking action to make improvements to the service and was planning to submit an application to the Care Quality Commission to be registered as manager. We found that action had already taken place to make some of the improvements necessary but that this work was on-going and had not been fully completed at the time we carried out the inspection.

People were complimentary about the staff and management team and said that they were approachable and dealt with problems when they occurred. One person stated, "The new managers are often asking us if everything is okay and if you say no, they listen and make sure things are put right." Relatives told us that the new management team were making improvements that were good for the home. They said that the service was becoming better organised and that they made sure that the staff put the needs of the people living at the home first. Staff told us that the management team was supportive and carried out checks of the way they worked, to make sure people were being cared for correctly. This action was confirmed in the staff records we saw.

Staff told us that the management team had an 'open door' approach that encouraged them to question practice and make suggestions for improvements within the service. They said that, in future, they would be given the opportunity to express their views at staff meetings, in staff surveys and through planned supervision and yearly appraisal with the manager. They described the way they were encouraged to work at the service as, inclusive and supportive of everyone living, visiting and working at the home. They told us that each person was treated as an individual and provided with the personalised care and support they required. This was confirmed in the care records we viewed.

Information that detailed the training that staff had completed and planned to undertake had been compiled. The management team explained that this enabled them to check that each staff member had completed the training they needed. They told us that it also assisted them in monitoring when refresher training was required for staff and helped them check that they were trained to a good standard. Daily observation of the way each staff member worked had begun to be carried out, so that the quality of their care practice could be monitored and additional training provided, if necessary.

Daily, weekly and monthly audits of care planning, medication administration and fire, heating and water systems had been carried out by the management team to ensure the home's policies and procedures had been followed by staff. Monthly visits had also been completed by a representative of the provider to make certain that the service was well-led and run and to ensure that identified and planned improvements were made in a timely manner. For example, the management team had identified that there was an issue with staffing levels and were carrying out a review of these to ensure that they were adequate to meet people's needs consistently.

People told us that the staff regularly asked them to give their opinion of the service they received. Relatives confirmed that they had recently been asked to fill in a questionnaire about the care and support provided to their relative. They told us that in discussions with the management team their suggestions for improvements had been listened to and put in place, if possible. The management team explained that the comments made in the returned questionnaires were being gathered and analysed. They said that they would be used to create an action plan of the improvements needed to be carried out. This action was confirmed in the records we viewed.